

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - [] | 2. Fiscal Year Covered From: [1] / [1] / 2004 Through: [12] / [31] / 2004 |
| 3. Name and address of person filing. Name [William] [C] [Hofmann] P.O. Box, Bldg., Room No., if any [] Street [164-11 99th Street] City [Howard Beach] State [New York] ZIP Code + 4 [11414] | 4. Name, file number, and address of labor organization. Name [Asbestos Workers Local 12] Labor Organization File Number [005023] P.O. Box, Building and Room Number, if any [] Street [25-19 43rd Avenue] City [Long Island City] State [New York] ZIP Code + 4 [11101-4208] |
| 5. Position in labor organization. [Business Agent] | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name [Matura Insulation Inc.] Trade Name, if any: [Insulation Contractor] P.O. Box, Bldg., Room No., if any [] Street [5400 New Horizons Blvd] City [North Amityville] State [New York] ZIP Code + 4 [11701] | 7.a. Nature of Interest, Transaction, or Income. [Liquor Christmas Holiday] 7.b. Amount. [] \$20 |

Signature

William C Hofmann

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William C Hofmann

On

08/09/2005

Date

718-322-4190

Telephone Number